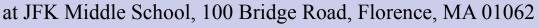


## Northampton Aquatic & Family Center





## **Knitting** Sessions I & II Fall 2019



This project class will offer the basics for first time knitters as well as provide early and intermediate knitters with specific how-to's like buttonholes, turning a heel, finishing, top-down knitting, repairs, and help with projects. Lots of handouts. Beth is a local instructor with over 30 years experience.

## Wednesday Evenings 6:00—8:00 pm

Location: **Aquatic & Family Center** 

**Session I:** September 4 - October 9 (6 classes)

**Session II:** October 23 - December 4 (6 classes)

(No class November 27)

Fee: \$30 / \$35 / \$45

(Sorry No Walk-Ins)

Fees listed in the order of AFC Member / Resident / Non-resident

Beginner/New Knitters will need to bring a skein of worsted weight varn (not a dark color), a pair of straight needles size 7 or 8, a pair of scissors, and a measuring device (ruler, measuring tape or Knit Chek). Others should bring something to work on/a project you may need help with.

Registrations accepted at the AFC at JFK Middle School, 100 Bridge Road, Florence, MA 01062 Mon-Fri 4:00-8:00pm & Sat 10am-5pm and Sun 11:00am-4:30pm, 413-587-1046

Northampton Parks and Recreation Department, 100 A Bridge Road Florence, MA 01062 Mon-Fri 8:30am-4:30pm 413-587-1040 www.northamptonma.gov/recreation

REGISTRATION FORM ON REVERSE SIDE

Updated 8/9/2019

## NORTHAMPTON PARKS & RECREATION DEPARTMENT - REGISTRATION FORM PLEASE PRINT LEGIBLY Today's Date: / / New to Northampton I have updated my Parks & Recreation Information ADULT 1 **ADULT 2** Name Name Address \_\_\_\_\_ City St Zip Phone: (H) (\_\_\_\_)\_\_\_\_(W) (\_\_\_\_)\_\_ Phone: (H) ( ) (W) ( ) Cell ( ) \_\_\_\_\_ Email: Email: EMERGENCY CONTACT OTHER THAN PARENT Photo Release: May Northampton Parks & Recreation Department use photos of you or your family members for brochure, website, promotional use? Yes No PARTICIPANT'S FULL NAME: Gender \_\_\_\_ Current Grade (Fall 2019 Date of Birth School Non-Res Fee **Basic Fee** Program Name Session Day(s) Level **Start Date** (where applicable) **Total Fee** TOTAL FEE FOR PARTICIPANT PASS PURCHASE Special Considerations/Comments (Use back if **Pass** Pass Type **Pass Length** Fee necessary) 6 Month 12 Month Aquatic Center Res: Adult Family Senior Youth Non-Res Adult Family Senior Youth DOB Pass Holder's Name(s) Gender Pass/Tag# Issued TOTAL **AMOUNT DUE** Recreational and Volunteers Activities Release Form I, the undersigned, do hereby consent to my participation in voluntary or recreation programs of the City of Northampton. I also agree to forever release the City of Northampton, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in any voluntary or recreation programs of the City of Northampton from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to myself or property damage resulting from my participation in the City of Northampton voluntary activities or programs. I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to myself or property damage resulting from participation in the City of Northampton voluntary activities or recreation programs. I further affirm that I have read this Consent and Release From and that I understand the contents of this Form. I understand that my participation is voluntary and that I am free to choose not to participate in said programs. By signing this form, I affirm that I have decided to participate in the City as a volunteer or in its recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage that I may suffer in voluntary activities with the City of Northampton or recreation programs. Participant Signature or Parent/Legal Guardian if under 18 years old: Charge my VISA \_\_\_ Master Card \_\_ Discover Card # Name on Card **Office Use Only**: Amt Rec'd \$\_\_\_\_\_ Cash \_\_\_ Check # \_\_\_\_\_ Credit \_\_\_\_ Date \_\_\_\_\_ RT Date